## L21000 140404

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LIXING BRAITY CONFECTION L.L.C.  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Disting Mongressian Name of Person	
Firm/Company	
1731 Golf Club Dr Apt 7	
North Fort Myers Fl 33903 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Destrict Marie of Person   at (41) 104-4872  Area Code   Daytime Telephone Number	_
Enclosed is a check for the following amount:	
Certificate of Status  Certificate of Status	Status & y
Mailing Address:  Pagistration Section  Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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ARTICLES OF O	RGANIZATION 👙 🐾
0	F 25
Luxury Beauty Colle	PRGANIZATION  F  CHON L. L. C.  ny as it now appears on our records.  inability Company)
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $04   99   202  $ and assigned
Florida document number <u>L21000 156 (64104)</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
annous Invince Beauty is	
FROMILY LUXUIN BEAUTY LLC The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
J	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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	-
B. If amending the registered agent and/or registered office a	address on our records enter the name of the new registered
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nudress on our records, enter the name of the new registered
agent and of the new registered office ageness nere.	
Name of New Registered Agent:	
Name Damietanad Office Address	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	C117

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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an effective d	late is listed, the d	late must be sp	ecific and can	not be prior to	date of filing or	more than 90 d	ays after filing.	) Pursuant to 605.0 will not be listed	0207 ( d as t
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